DOCUMENT RESUME

ED 289 185 CS 505 775

AUTHOR Sharkey, William F.
TITLE A Deaf Child Born to Hearing Parents: Communicative Disruptions, Implications and Adjustments.
PUB DATE Nov 87
NOTE 42p.; Paper presented at the Annual Meeting of the Speech Communication Association (73rd, Boston, MA, November 5-8, 1987). Small type size may affect legibility.
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adaptive Behavior (of Disabled); *Communication Disorders; Communication Research; Communication Skills; Coping; *Deafness; *Family Life; Family Problems; Grandparents; *Hearing Impairments; Interpersonal Communication; Language Handicaps; Lipreading; Manual Communication; Oral Communication Method; *Parent Child Relationship; Siblings; Sign Language; Speech Handicaps
IDENTIFIERS Intrapersonal Communication

ABSTRACT

Noting that when a deaf child is born to hearing parents, problems arise due to the language barrier, this paper discusses the kinds of disruptions hearing parents experience with the birth of a deaf child, the implications such an impairment has on development and language acquisition, and the adjustments made for such a child. Following an introduction which suggests that a child may have many meanings for parents, the first section of the paper presents the stages of development from birth to one year for normal and deaf children. The second section examines the discovery and diagnosis of deafness in a child, and the stages of mourning--impact, denial, grief, focusing outward, and closure--that parents of deaf children experience. Subsections also examine the impact a deaf child may have on the parents and their ability to communicate with one another, upon grandparents, who often continue to deny the problem, and upon siblings, whose time with and closeness to the parents may be impaired because of increased attention to the deaf child. The final section looks at finding a communicative mode with the deaf child, and suggests that a combination of manual and oral approaches is best in establishing a language system. A conclusion suggests that communication between deaf children and those close to them will dictate how they see themselves individually and as members of society. (One footnote and 65 references are included.) (JC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED289185

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A Deaf Child Born to Hearing Parents: Communicative Disruptions, Implications and Adjustments

by

William F. Sharkey
Department of Communication
205 Derby Hall
The Ohio State University
Columbus, Ohio 43210
614-292-4271

Paper presented at the Seventy-Third Annual Speech Communication Association Convention, Boston, Massachusetts, November, 1987
Top Student Paper Panel

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

William F. Sharkey

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CS505775

Abstract

When a deaf child is born to hearing parents, there are several problems that arise not due to the physiological handicap, but because of the language barrier. The present treatise is an integration of several issues having an impact upon the socialization, education, and language development of the deaf child as well as the disruption of the familial unit. Relevant issues discussed include: (1) the meaning of a child to a parent, (2) the developmental stages of the deaf child in comparison to the hearing child, (3) the discovery of deafness, (4) the deaf child's influence upon parents, grandparents, and siblings, and lastly (5) finding a communicative mode.

BEST COPY AVAILABLE

> And the Lord said unto him, Who hath made man's mouth? or who maketh the dumb, or deaf, or the seeing, or the blind? have not I the Lord. (Exodus, chap. 4, verse 11).

Introduction

Ninety percent of all congenitally deafened children are born to hearing parents (Hoffmeister & Wilbur, 1980; Meadow, 1980). The birth of a deaf[1] child can be a devastating and stressful time for most families. The way in which families cope with this disruption of "normalcy", has been looked at by many researchers (Bodner-Johnson, 1982; Bowe, 1973; Greenburg, 1982; Harris, 1982; Luterman, 1979; Kazak & Marvin, 1984; Luterman & Chasin, 1970; Meadow, 1968; Mindel & Vernon, 1981; Proctor, 1983).

The effects of congenital deafness in an otherwise all hearing family will be discussed. It seems as though the disruption's cause within the familial unit is not the deaf child's physiological symptom of not being able to hear, but the psychological symptoms that develop due to the lack of a common communication mode between the child and the family members. Communication includes the sharing of ideas and feelings (Gustason & Rosen, 1980), the creation of mental stimulation,

becoming a socialized entity (Baldwin, 1986; Clausen, 1966), the understanding of self and other, the learning of skills, and the development of language (Clausen, 1966). Language has been defined as:

> a system of relatively arbitrary symbols and grammatical signals that change across time and that members of a community share and use for several purposes: to interact with each other, to communicate their ideas, emotions, and intentions, and to transmit their culture from generation to generation [italics added]. (Cokely & Baker, 1980, p. 31)

Language also enables human interactants to pass on the "gift of language" itself to future generations (Baldwin, 1986). Note that nowhere in the definition do the terms speech, talk, vocalizations, or the like, appear. This definition takes into account the fact that a language can be presented without the use of speech (e.g., American Sign Language).

These are extremely important ideas for the socialization of a child. Deaf children's total psychosociological growth, as well as their educational advancement, are directly related to their language competence and not to speech performance (Mindel & Vernon, 1981). It is argued that the parents' main task is that of developing a language mode through which a deaf child may acquire all the skills needed for social, psychological, and communicative competence at the

earliest possible age.

The present paper shall discuss a number of relevant issues depicting a hearing family's communicative adaption to the discovery of a child being deaf. Five issues will be discussed: (a) The meaning of a child to a parent, (b) the developmental stages of the deaf child in comparison to the hearing child, (c) the discovery of deafness, (d) the deaf child's influence upon parents, grandparents, and siblings, and lastly (e) finding a communicative mode.

The Meaning of a Child to a Parent

Having a child can have many meanings to parents. The child may be seen as an extension of the mother and father (Mindel & Vernon, 1981). Galvin and Brommel (1986) stated, "a child represents a link to the past and the future, a sense of life's flow, and a sense of immortality" (p. 206). The child often has a deep seated symbolic meaning to the parents. The child is a means for the family to add another generation to continue the family name. The child can also represent a common bond with the rest of the culture. The child "may symbolize virility,...the means of attaining status, [or] an outlet for 'the things I couldn't do or have when I was a child'" (Levine, 1981, pp. 57-58).

Bodner-Johnson (1982) stated:

> parents raise their children with remembrances of their own growing up,...wanting their children to have life a little better than they did and wanting them to become everything they can... Parents who are hearing and who have a deaf child are often bereft of this frame of reference. They fear there is little in their past that has prepared them for raising this child, and they find they cannot conceptualize what life can hold for the child in both the distant and near futures. (p. 208)

When a child is born, mother and father have a pre-set of expectations for the child; "My child will go to college; My child will be a great baseball player; My child will make me a fine grandparent." The discovery of deafness in one's child is a "powerful and traumatic family stressor" (Harris, 1982, p. 164). The plans and aspirations parents have for their child are suddenly shattered (Myklebust, 1950) which in turn affects the child's development and the total family system.

Developmental Stages

How does the child begin to communicate with the world? "The child must be able to perceive, analyze, and store verbal [and visual] messages; he must conceive of a stable world,...and he must be able to engage in social interaction" (Slobin, 1979). With the birth of a child, the family must reevaluate communication-related issues as they apply to the familial unit. Galvin and

Brombel (1986) list four such issues that must be addressed: (a) the renegotiation of roles, (b) the transmitting of cultural norms, rules, mores, and customs, (c) establishing a community of experiences for the child, and (d) the development of the child's communication competence.

Generally, parents are not prepared to handle the birth of a handicapped child (e.g., blind, malformed, mentally retarded, deaf, and so forth). When a deaf child is born, she or he is immediately confronted with a soundless environment (Levine, 1981). The child is born into the environment composed of parents, family, and a multitude of persons in professions who, too often, have little if any understanding of the needs of the deaf child (Haas & Crowley, 1982). There is the deaf child's intrapersonal environment that must adapt to the outside environment which is hearing centered. And "there is an environment of labels, stereotypes, and definitions that await a deaf child even before [she or he] is born" (Levine, 1981, p. 51); for example, "deaf and dumb", "deaf-mute", or "uneducable" (Di Carlo, 1964; Gannon, 1981; Hawkins, 1863; Mann, 1836; Mindel & Vernon, 1981; Moores, 1982; Silverman, 1970).

The child is simply treated as though she or he were a "normal" hearing child for the deafness is an invisible handicap and during the beginning stages of development, there is no behavioral differences between a hearing and deaf child (Levine, 1981; Mindel & Vernon, 1981). The familial communication system is initially disrupted when the parents do not use a manual communication system (Meadow, 1968). From the time the child is born until one year of age, an entire twelve months of active receptive communication can be only partially existent for the deaf child. The deaf child utilizes the eyes and not the ears for receptive learning. Thereafter, the child begins a long and difficult climb to keep up with the hearing child communicatively, emotionally, psychologically, and sociologically. However, "the basic deprivation of profound congenital deafness is not the deprivation of sound; it is the deprivation of language" (Meadow, 1980, p. 17).

During the first year of a child's life, a child's task is that of, (a) establishing a sense of trust in the world (Meadow, 1982), (b) recognizing that communication patterns are used for social interactions (Preisler, 1984), (c) finding that communication is used

in establishing and maintaining interpersonal relationships, and (d) developing an overall motivation to communicate (Haslett, 1984). This first year, therefore, is essential to a child for acquiring a trust in the family and a communicative base from which all interactions for the rest of his or her life will be dependant. Once this phase has passed, the recovery to effective and normal communication may be severely retarded.

0-3 MONTHS

For the first three months of the child's life, there are no differences between a deaf and hearing child's behaviors. Here, the infant is rather oblivious to the surroundings and is mostly interested in biological needs (Mindel & Vernon, 1981). The vocalizations that are produced are the same for both the hearing and deaf child. This is the crying stage (Lewis, 1977). The infant's vocalizations have no semantic content at this point, although, by the fifth week, the sounds change to expressions of various emotional stages like those of pleasure, discomfort, hunger, anger, or pain. There is no differentiation between the self and other. All behaviors are composed of innate factors, reflexes, and the like (Levine,

1981). The child is a passive receiver of affection from the care-taker (Mindel & Vernon, 1981).

At about the second month, the child, hearing or deaf, becomes more visually aware of his or her surroundings (Levine, 1981) as he or she enters the cooing stage (Lewis, 1977). The child begins to string sounds together in no consistent fashion. The child shows signs of visually responding to the mother's face and venting pleasure through the acts of cooing and smiling. The mother feels as though she is responsible for the pleasure that the child is indicating. Developmental psychology of the past suggested that a child was a passive recipient of the mother and unable to directly influence the mother in any way (Cappella, 1981). Nevertheless, by the age of three months, the child can attract and encourage the mother's involvement (Snow, 1977). Here, the child has begun to understand that nonverbal communication can be used to his or her benefit. Both the hearing and deaf child have acquired this communicative style.

3-6 MONTHS

Between the age of three to six months, depth perception begins to allow the child to distinguish three dimensional objects. Also, the ability to

localize sound develops.

The child by four months has some control over specific muscular activities (e.g., head movement). The hearing child at this point reacts to sounds by turning the head in the direction of the sound (Mindel & Vernon, 1981). The hearing child has also had the advantage, all along, of aurally perceiving noises from the environment. Hence, stimulation, aurally, has already begun. The deaf child is left at a disadvantage, which is generally still unknown to the care-taker.

At six months, the child moves into the babbling stage. Here, syllable duplication occurs generally with voiced consonants (Fromkin & Rodman, 1983; Lewis, 1977; Mindel & Vernon, 1981). The child also appears to develop interactive routines with adults such as turn-taking (also see Kaye, 1977), role complementarity, and role reciprocity behaviors (Bates, 1979; Haslett, 1984; Snow, 1977). The deaf child cannot do this. At six months, a care-taker can sense that something is wrong with the child, but the problem is difficult to identify.

6-12 MONTHS

During the next six months, the child can sit up and watch the care-taker. The care-taker can visually

check on the child's reactions to sounds of his or her voice. By eight months, the normal hearing child will have begun experimenting with intonational voice patterns, whereas the deaf child remains at the monotonal level (Mindel & Vernon, 1981). The care-taker may still be concerned about the nonresponsiveness of the child to his or her voice, however, responses to other noises, such as the slamming of a door or someone yelling in the house, may instill a sense that maybe the child is all right. The care-taker is not taking into consideration that the child may be responding to sound vibrations.

By nine months, the hearing child begins to imitate his or her own speech patterns as well as patterns produced by others in the child's environment. The deaf child, in contrast, at one year, will stop babbling. At this point, it is noticed that, educationally, the deaf child is lagging behind the hearing child. "He [or she] not only never catches up, but actually falls further behind [the hearing child]" (Mindel & Vernon, 1981, p. 43). No language acquisition has transpired. The hearing child, though, has the language foundation firmly secured to move to one word utterances.

Mindel and Vernon (1981) discussed a very important transition the child needs to experience in the developmental years, that being the link from visual to verbal communication:

> Communication in the early months is characterized by the exchange of feelings. The paradigm for this is the effect of the infant's instinctual smile on the mother....With the development of language skills, verbal communication plays an increasingly important role in social activity. Instead of expressing feelings through a smile or other actions, more and more feelings are channeled into and expressed through language. (p. 44)

The deaf child of hearing parents continues to rely solely upon visual cues.

12-18 MONTHS

Between twelve and eighteen months, the hearing child moves into the holophrastic phrase where one word utterances begin and then, eventually, to the telegraphic stage, two word utterances (Barker, 1981; Fromkin & Rodman, 1983).

It is during this period that the parents generally decide to consult a pediatrician about their concerns for their child. The final diagnosis by the physicians is generally made by the 18th month. This is another six month communicative loss for the child and family (Luterman & Chasin, 1970).

The Discovery of Deafness

The discovery that the parents' child is deaf causes a disruption within the family system. The discovery of a child's deafness is not an instantaneous event. It may appear this way because the emotional response is extremely intense when the family is finally confronted with reality (Mindel & Vernon, 1981). The mother is initially the first member of the family to notice the problem because she is the person who generally spends the most time with the child (Haas & Crowley, 1982; Harris, 1982; Luterman, 1979).

When parents are finally confronted with the knowledge of their child's handicap, they pass through several emotional stages before totally accepting the child's condition or even the child; some families never fully achieve acceptance of the condition or the child. If the discovery of deafness is prolonged because of ignorance or denial, then the child will begin to suffer irreversible damage communicatively, linguistically, socially, as well as psychologically, and the family as a unit will suffer.

Fortier and Wanlass (1984) have designed a model which describes the stages a familial unit will pass through when the discovery of a handicap, in our case

deafness, is realized. Luterman (1979) refers to these stages as "the mourning reaction". The stages are: the impact stage, the denial stage, the grief stage, the stage of focusing outward, and the closure stage.

Mourning Stages

Impact stage. The impact stage occurs when the parents come to the realization that the child is handicapped. This stage is characterized by tension, anxiety, shock, disorganization, numbness, confusion, and circular thinking. The shock is normally short-term lasting a few hours to one or two days. After the initial shock, strong feelings begin to emerge. (Luterman, 1979).

Denial stage. Fear, isolation, controlled anxiety, disbelief, and distorted expectations characterize this stage. This stage tends to provide the family with an element of hope and wishful thinking that allows them to carry on (Luterman, 1979). However, because the child does react to certain sounds (e.g., the slamming of a door), the family may begin to rationalize fictionalized alternatives that may be unrealistic. The parents may state that the child is simply stubborn, that she or he only wants to hear what she or he wants to hear or that she or he is a late bloomer (Mindel & Vernon, 1981).

The family may begin "shopping around" for different diagnoses hoping for a more positive opinion about their child. Many of the physicians are not knowledgeable of the behavioral manifestations of deafness and cause the parents to waste valuable time. The professional diagnosis reassures the parents that everything will be all right (Mindel, 1973). Luterman and Chasin (1970) discovered that the pediatrician was the first professional to be consulted. More than 43% of the pediatricians gave the parents the wrong advice; they denied the problem. Also, many stated that nothing could be done until the child was 3 or 4 years of age. In a self report study given by Greenburg (1982), parents stated that most professionals, with whom they consulted, were found not to be trained nor experienced in working with deaf children. A number of parents in the McNeil and Chabassol (1984) study stated medical doctors, pediatrician, and even hearing specialists told the parents that their child was mentally impaired.

Some physicians may give the worst prognosis to alleviate any further disappointments for the parents. This could also cause the parents to hinder the child's accomplishments. If the mother and father do not push the child to his or her potential, the child will never

achieve all that she or he can be. This is especially true of the acquisition of language. Here too, the realization that the child may be stigmatized with the old societal label, "deaf and dumb", becomes a real threat (Levine, 1981).

Grief stage. The grief stage brings anger, sadness, self pity, doubt, guilt, and blame to the family. "How and why did this happen to us" is a common phrase. The anger also derives from the helplessness and confusion the parents feel because of the unanticipated birth of a child who is deaf (Mindel & Vernon, 1981). Each spouse blames, not only the other spouse, but himself or herself (Bowe, 1973), the doctors, society, and God.

Anger directed at the child emerges. The child is blamed for disrupting the familial unit and causing stress between members. Open and supportive communication deteriorates between the mother and father. The couple becomes isolated from the outside world in an attempt to avoid friends and relatives. As the couple's suspicions become more and more supported, the couple will, on the hole, not discuss it openly. This slowly increases the interpersonal distance between the two [and the outside world], thus adding strain to

the marriage (Harris, 1982). The longer it takes to discover the disability, the more intense the grief may be. As stated earlier, many times the deafness is not recognized for six to twelve months and in some cases longer.

Focusing outward. The parents then enter the stage of focusing outward. The coping process begins. Here the couple seeks information, looks for help, as well as the emergence of the open expression of feelings. They feel relief and a new sense of confidence and an increased awareness of reality. They finally deal with the issue. This is the most critical stage. The earlier this stage is reached, the better the chances the child has for overall development of communication skills and socialization.

It is in this stage that the family system begins to adapt to the situation, or, continue to deny, express anger, and so forth. If the family is able to adapt, there is a balancing of morphogenesis and morphostasis where the family changes its power structure, role relationships, and the relationship rules in response to the situational and developmental stresses that have evolved (Olson, Sprenkle, & Russell, 1979). The family must make a number of conscious decisions about the

child's upbringing (Mindel, 1973). At this point, the family enters the closure stage.

Closure stage. The child's needs begin to be met. The child and the child's condition is accepted and the family begins the implementation of communication patterns and language development that help the child become socially adept and build his or her self-esteem, but also, the family unit may now readjust its lifestyle and interactional habits. This unit includes not only the mother and father, but the grandparents and siblings.

Influence Upon Parents, Grandparents, & Siblings

The time spent in any of the given stages depends on the communication and personalities of the individual members of the family. A family may only stay at the impact stage for one week, or, it could last for one year. Also, individuals may move through the stages at differing rates. Some may reach closure and others may not. Coping and adapting to the situation calls for open and supportive communication within the family. The sooner this is accomplished, the better off the child and family will be (Galvin & Brommel, 1986). The sooner the parents turn their energies toward the solution of their child's needs, "the easier it will be

for them to accept their own emotional reactions and to help their child to understand and accept him/herself as a deaf...child" (Fiedler, 1952, p. 166).

Harris (1982) suggested that there are five factors that will dictate a successful resolution of the communication crisis in the family: (a) The parents must successfully complete the stress stages, (b) the family must have access to family crisis intervention settings, (c) parent counseling and parent education programs, (d) the family's social network must be supportive (extended family, friends, neighbors, siblings, peers, the deaf community, etc.), and (e) the parents must choose a communication mode suitable to both child and parents (e.g., use of American Sign Language, sign systems, or oral modes).

Parents

Some problems arise between a husband and a wife with the discovery of deafness. Some problems are inherent between the husband and wife prior to the knowledge related to the deafness of their child. Many marriages that are weak to begin with, generally are not able to be supportive during the crisis and end in divorce (Luterman, 1979). Another potential problem is "parent education" which is, for the most part, "mother

education". This adds an extra strain to the marriage, placing the brunt of responsibility upon the wife's shoulders (Bowe, 1973; Harris, 1982; Luterman, 1979). This seems to be changing (cf. McNeil & Chabassol, 1984). Luterman (1979) stated:

> deaf education programs meet during the day, the mother is (in the traditional family, at least) the only parent who can attend regularly....Many mothers begin to feel acutely the responsibility for child management and for weighty educational decision-making without benefit of a particularly informed or involved husband....the father often finds himself in a passive role, abdicating the full responsibility for those decisions to his wife. (p. 136)

The husband in this situation may find it hard to accept his wife as the person making most of the important decisions related to the child, since he was the person who would normally take on the responsibility of making the "important" decisions in the household. On the other hand, the wife may view her husband as less competent and have a difficult time accepting her assertive role. This situation can lead to arguments and defensive behaviors by both parties. The restructuring of the relationship could have adverse affects on them (Luterman, 1979). However, McNeil and Chabassol (1984) found fathers to be more involved now than the past studies have indicated. The responses of both the husbands and wives suggested that fathers want

to be involved and will change work schedules to do so (see Bartz, 1978). This study was, however, restricted to intact families where the majority of marriages conformed to traditional roles (i.e., the husband works outside the home full-time and the wife is a full-time homemaker).

Other problems may arise such as; the inability or refusal to fully accept the deaf child into the family, disagreements on how to handle the child, disagreements on education style, communication mode, communication breakdown resulting in the alienation of the deaf child from the rest of the family, and pressures from the extended family and friends (Bowe, 1973).

Gregory (1976) interviewed a number of mothers of deaf children and found some not so obvious problems. These problems derive from parents who have an acute insecurity of leaving the child alone or with a baby-sitter. Some mothers stated that because they couldn't explain what was happening to the child, they should not leave him or her. The percentage is small in comparison to the total number of those interviewed, but it does exist. Some mothers found the odd sounds the child would make embarrassing, therefore, they wouldn't want to take the child into public. It was also discovered

that fathers also tended to feel somewhat embarrassed when in public with their deaf child because of the deaf child's "garbled" speech (McNeil & Chabassol, 1984). Social activities seemed to cause a problem also, as in visiting friends and relations. This could put a strain on the relationship between the husband and the wife. The two may come to feel as though the child is keeping them from living their lives fully. Again, the strain will cause the parents to feel frustration leading to dissatisfaction with the marriage.

If the husband and wife can both reach the acceptance stage together, seek outside counseling to deal with the crisis, and get involved with parent groups who are in the same situation, many marriages will continue to survive the crisis (Luterman, 1979). Mindel and Vernon (1981) stated that:

> Rarely is either parent experienced in rearing a deaf youngster; nor do they know other parents of deaf children. They often struggle over their decisions for appropriate action in ignorance or with misinformation and may displace their frustrated feelings onto each other. (pp. 11-12)

These instances can affect the entire marriage.

> Parents may thereby be thwarted in achieving anticipated parental and marital gratifications. However, when parents can mutually redirect their expectations and appreciate their deaf child's conforming to real rather than imagined capacities, they will achieve much satisfaction. (p. 12)

Grandparents

The communication between parent-grandparent relationships can cause problems also. Normally, a role-reversal occurs where the parents, who are looking for comfort, support, and advice from the grandparents, must teach the grandparents about deafness. They must comfort and help them understand the problem. This puts an additional strain on the marriage and individual members in the family (Harris, 1982; Mindel & Vernon, 1981). The grandparents often become fixed in the denial stage finding it difficult to accept their grandchild as being deaf (Harris, 1982; Luterman, 1979). The grandparents may then be seen as a burden rather than a support. The grandparents may push the parents to additional doctors after the parents have passed the denial stage and often the grandparents respond with anger and hostility (Luterman, 1979). This is not to say that all grandparents are this way. On the contrary, some are very supportive and go out of their way to assist the family.

Siblings

Siblings are also involved in the family system. Open communication with one's other "normal" siblings should be encouraged. If not handled correctly, the

deaf child could cause emotional problems to develop in the "normal" child. Fathers reported that they became closer to their hearing/impaired child because of the additional time required (McNeil & Chabassol, 1984). The parents' increased required attention for the deaf child, ultimately leaves the other children with less interaction time than they were accustomed to. Luterman (1979) noted that since the deaf child is requiring more energy from the parents, it is not uncommon for the other siblings to develop pseudosensory deficits to attempt to illicit more attention from the parents. Some strategies used may be illness, tantrums, or failures in school. The normal siblings may also carry deep-seated resentments toward the deaf child as well as toward the parents. The siblings may be required to take on responsibilities at an earlier age that would have not been the case if the deaf child were born with normal hearing. The added problems caused by the "normal" siblings has the potential to inflate tension and communication breakdowns within the familial unit.

Finding a Communicative Mode

When a child is found to have a deficiency in one of the primary channels of communication, specifically the aural channel, behavioral interaction will be

affected. It is, thus, crucial to open other channels of communication to supplement the deficiency (Proctor, 1983).

Up until recently, there were two schools of thought in America; (a) the child should be taught to read, speak, and lip-read his or her native vocal language (e.g., English) or (b) the child should use a manual sign system for educational purposes and socialization (Bender, 1981; Di Carlo, 1964; Eby & Arrowood, 1940; Gannon, 1981; Giangreco & Giangreco, 1970; Lane, 1977; Moores, 1982; Schein, 1984; Silverman, 1970). It was assumed that the deaf child would have to grow up in a hearing world. So, the parents were caught between two distinct philosophies (Mindel & Vernon, 1981).

Until the 1970's, the oral/aural methods of communication were the norm stating; every child deserves a chance at oralism, if the child is taught finger spelling and sign language, he or she will never learn to talk, and the Deaf must choose between the hearing world and the deaf world (Mindel & Vernon, 1981). The deaf child does not see speech as a first language, instead, it is a skill that must be continually practiced. Because of the auditory

handicap, the child's natural language must be visual. Vocal English is the child's second language. Oralism is an attempt to "normalize" the deaf child (Mindel & Vernon, 1981) which will never occur; the child will always be deaf.

It takes years and much time to acquire a vocal language by a deaf child which is, in most cases, not good enough for the majority of hearing persons to understand. These years could be better spent with overall communication skills rather than oral training only. To give an analogy, place yourself in the situation of moving to Japan and having to learn Japanese (assume no Japanese people speak English). You already have a language base to compare Japanese with. You understand that words are used in some order to convey specific meanings. You understand the sensation of sound, you've been listening to the world since you were born. You understand how your vocal chords, mouth, tongue, teeth, nasal passages, and oral cavity together are used to produce sound. With all this knowledge, you are now going to learn Japanese. You are placed in a sound proof booth with a window on one wall. The instructor arrives and begins to teach you the language of Japanese from the other side of the window. If you

are to survive in that country you must learn the language.

Deaf children do not have knowledge of vocal languages that we as hearing persons possess. The learning of speech and lip reading consumes much of the deaf child's time during his or her developing years. Because of this, the child is irrevocably retarded in his or her ability to read, write, and do math problems by the time these activities are already accomplished by hearing children (Mindel & Vernon, 1981).

> During the many years that the deaf child is awarded his "chance" at oralism, the golden years for language acquisition are dissolving...language competence arises in an orderly manner. The right things must occur at the right time; they cannot be recovered later. Losses of learning opportunities in childhood are neither retrieved nor replaced. (Mindel & Vernon, 1981, p. 73)

The deaf child at 12 months has begun to fall behind the hearing child communicatively. "Even with early diagnosis and early auditory intervention there remain a large number of deaf youngsters who do not acquire even the rudiments of the first stage of language" (Schlesinger, 1978).

Oralists have stated that deaf children who use a manual method are oral failures, slow learners, emotionally disturbed, and so on, and were then transferred to a residential school to use a manual

method. What was not advertised was the fact that the most proficient lip readers and speakers usually had considerable residual hearing and were not totally deaf. It was the philosophy that a deaf child who used visual cues would become dependent on them and would not expend the effort to learn speech and lipreading (Meadows, 1980). On the contrary, research dealing with the early use of manual communication discovered that manual communication does not retard the development of deaf students' speech (Denton, 1964; Hester, 1963; Meadow, 1968; Montgomery, 1966; Quigley, 1964; Quigley & Frisina, 1961; Stevenson, 1964; Stuckless & Birch, 1966; Vernon & Koh, 1970).

Since the advent of "Total Communication" (see Evans, 1982; Garretson, 1976; Gustason & Zawolkow, 1980; Ling, 1984), the two methods, oral and manual, have been combined into a philosophy which states:

> Every child has several basic communication rights: 1) to full and free communication with his family, his peers, and his society, 2) to learn the language used in his environment, 3) to use any [italics added] communication mode with which he is comfortable in a given situation (Gustason & Rosen, 1980, p. 22).

Sigler (1978) suggested that if there is the least possibility of a child being born deaf, the family should begin to learn sign language while the mother is

pregnant. Early communication with the child is essential for a child to grow up "normally" with all the stimulation possible for learning.

Preisler (1984) found children, who were brought up in an environment where communication was accomplished through the use of sign language and where the children were encouraged to take part in conversation, were able to learn the rules of communication in social interactions more easily than children who used an oral/aural method solely. The child should have access to "spontaneous communication based on signals that are easily perceived and easily produced by the child" (p. 452). Preisler also found that those children and parents who relied only on the oral/aural method for communication were:

> characterized by disturbances and breakdowns which in turn will have consequences not only for the parents' attitudes and feelings, but also for the child's emotional, social and cognitive development. (p. 452)

Day (1982) found that when hearing parents used a simultaneous signed system (manual method along with speech) with their child, the more frequent communicative interactions took place than with those parents who used an oral/aural only method.

Research has compared a deaf child growing up with deaf parents and a deaf child growing up with hearing parents. Hoffmeister and Wilbur (1980) concluded deaf children of deaf parents who used sign language with the child from birth were the most psychologically and socially intact as well as the most advanced in terms of language development when compared with other deaf children. However, when a deaf child and his or her hearing parents used manual communication they also appeared to develop closely with the deaf child of the deaf parents. Overall, though, deaf children of deaf parents tended to do better academically and psychologically as compared with deaf children of hearing parents. One reason is the greater acceptance of the deaf child by the deaf parents. Another reason seems to be the use of sign language from birth (Schlesinger, 1978).

The tide has turned. Parents are now being guided by research to use a combination of manual and oral methods, depending on the severity of the hearing loss, to establish a language system with their child early in the child's influential years. If these communication links are not established early, problems intrapersonally as well as interpersonally will arise.

Conclusion

The initial five year period of a child's life is seen as the socialization building period. The child is given the tools to interact with the world. Meadow (1980) stated, "Social development and language acquisition are intertwined" (p. 82). The deaf child who does not have the skills to communicate, will observe fewer opportunities in and out of the family. The child, if deprived of the tools for social interaction during these formative years, will seek isolation from others (Meadow, 1980; Mindel, 1973).

Parents of deaf children should begin the language learning process as soon as possible. The completion of the stages of mourning, that is reaching the closure stage, will facilitate the process. If there is any hint of possibility that the child will be born deaf, the parents, siblings, and extended family should acquire skills necessary to communicate with the child in a meaningful fashion (i.e., American sign Language or Signed English systems). The longer the time span between birth and the initiation of a language mode, a series of educational, psychological, interpersonal, and societal problems will arise.

Communication between the child and parents, as well as siblings and grandparents, will dictate how the deaf child will view himself or herself as a member of society and as an individual human being. Parents must accept their child and the child's condition and all the implications which are connected in order for all family members to lead a more meaningful life.

Footnotes

[1] Deafness is defined here as the inability to perceive speech intelligibly.

References

Baldwin, J.D. (1986). George Herbert Mead: A unifying throry for sociology. Beverly Hills, California: Sage.

Barker, L. L. (1981). Communication (2nd ed.). Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

Bartz, K. W. (1978). Selected childrearing tasks and the problems of mothers and fathers. The Family Coordinator, 27, 209-214.

Bates, E. (1979). The emergence of symbols: Cognition and communication in infancy. New York: Academic Press.

Bender, R. E. (1981). The conquest of deafness: A history of the long struggle to make possible normal living to those handicapped by lack of normal hearing (3rd ed.). Danville, Illinois: The Interstate Printers & Publishers, Inc.

Bible, The. (1976). New American standard. (Exodus, chap. 4, verse 11). La Habra, California: Lockman Foundation.

Bodner-Johnson, B. (1982). The interaction of family and school in the academic achievement of the deaf child. In Conference Sociology of Deafness (1982: Gallaudet College) Social Aspects of Deafness (pp. 199-219). Washington, D. C.: Gallaudet College Vol. 2.

Bowe, F. (1973). Crises of the deaf child and his family. In D. Watson (Ed.), Readings on deafness. New York: Deafness Research and Training Center, New York University School of Education.

Cappella, J. N. (1981). Mutual influence in expressive behavior: Adult-adult and infant-adult dyadic interaction. Psychological Bulletin, 89, 101-132.

Clausen, J. A. (1966). Research on socialization and personality development in the U. S. and France: Remarks on the paper by Professor Chombart De Lauwe. American Sociological Review, 31, 248-257.

Cokely, D., & Baker, C. (1980). American Sign Language: A teacher's resource text on grammar and culture. Silver Spring, Maryland: T. J. Publishers, Inc.

Day, P. S. (1982). The expression of communicative intention: Deaf children and hearing mothers. In Conference Sociology of Deafness (1982: Gallaudet College) Social Aspects of Deafness (pp. 269-293). Washington, D. C.: Gallaudet College Vol. 5.

Denton, D. M. (1964). Early primary screening. Acta Oto-laryngologica Supplementum, 206, 39-44.

Di Carlo, L. M. (1964). The Deaf. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

Eby, F., & Arrowood, C. F. (1940). The history and philosophy of education, ancient and medieval. New York: Prentice-Hall.

Evans, L. (1982). Total communication: Structure and strategy. Washington, D.C.: Gallaudet College Press.

Fiedler, M. F. (1952). Deaf children in a hearing world: Their education and adjustment. New York: The Ronald Press Company.

Fortier, L. M., & Wanlass, R. L. (1984). Family crisis following the diagnosis of a handicapped child. Family Relations, 33, 13-24.

Fromkin, V., & Rodman, R. (1983). An introduction to language (3rd ed.). New York: Holt, Rinehart and Winston.

Galvin, K. M., & Brommel, B. J. (1986). Family communication: Cohesion and change (2nd ed.). Glenview, Illinois: Scott, Foresman and Company.

Gannon, J. R. (1981). Deaf heritage: A narrative history of Deaf America. Silver Spring, Maryland: National Association of the Deaf.

Garretson, M. (1976). Total communication. Volta Review, 78, 88-95.

Giangreco, C. J., & Giangreco, M. R. (1970). The education of the hearing impaired. Springfield, Illinois: Charles C. Thomas Publisher.

Greenburg, M. T. (1982, August). Families with deaf children: The effects of early intervention. Paper presented at the annual convention of the American Psychological Association, Washington, D. C.

Gregory, S. (1976). The deaf child and his family. London: George Allen & Unwin.

Gustason, G., & Rosen, R.. (1980). The deaf child's right to communicate. In G. Gustason & E. Zawolkow (Eds.), Using Signing Exact English in Total Communication (pp. 22-27). Los Alamitos, California: Modern Signs Press, Inc.

Gustason, G., & Zawolkow, E. (Eds.). (1980). Using Signing Exact English in Total Communication. Los Alamitos, California: Modern Signs Press, Inc.

Haas, W. H., & Crowley, D. J. (1982). Professional information dissemination to parents of preschool hearing-impaired children. The Volta Review, 84, 17-23.

Harris, R. I. (1982). Early childhood deafness as a stress-producing family experience: A theoretical perspective. In Conference Sociology of Deafness (1982: Gallaudet College) Social Aspects of Deafness (pp. 155-231). Washington, D. C.: Gallaudet College Vol. 1.

Haslett, B. (1984). Communication development in children. In R. N. Bostrum (Ed.). Communication Yearbook, 8, pp. 198-266.

Hawkins, J. (1863). The physical, moral, and intellectual constitution of the deaf and dumb: with some practical and general remarks concerning their education. London: Longman, Green, Longman, Roberts, & Green.

Hestor, M. S. (1963). Manual communication. In P. V. Doctor (Ed.), Proceedings of the Interior Congress on Educating of Deaf and the 41st Meeting of American Instructors of the Deaf (pp. 211-221). Washington, D. C.: Gallaudet College Press.

Hoffmeister, R., & Wilbur, R. (1980). The acquisition of Sign Language. In H. Lane & F. Grosjean (Eds.), Recent perspectives on American Sign Language (pp. 61-78). Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publishers.

Kaye, K. (1977). Toward the origin of dialogue. In H. R. Schaffer (Ed.), Studies in mother-infant interaction (pp. 89-117). London: Academic Press.

Kazak, A. E., & Marvin, R. S. (1984). Differences, difficulties, and adaptation: Stress and social networks in families with a handicapped child. Family Relations, 33, 67-77.

Lane, H. (1977, September). Notes for a psycho-history of American sign Language. The Deaf American, 3-7.

Levine, E. S. (1981). The ecology of early deafness: Guides to fashioning environments and psychological assessments. New York: Columbia University Press.

Lewis, M. M. (1977). The linguistic development of children. In V. P. Clark, P. A. Eschholz, & A. F. Rosa (Eds.). Language: Introductory readings (pp. 100-110) (2nd ed.). New York: St. Martin's Press, Inc. Ling,

Ling, D. (Ed.). (1984). Early intervention for hearing-impaired children: Oral options. San Diego, California: College Hill Press.

Luterman, D. (1979). Counseling parents of hearing-impaired children. Boston: Little, Brown and Company.

Luterman, D., & Chasin, J. (1970). The pediatrician and the parent of the deaf child. Pediatrics, 45, 115-116.

Mann, H. J. (1836). The deaf and dumb: or, a collection of articles relating to the condition of deaf mutes: their education, and the principal asylums devoted to their instruction. Boston: D. K. Hitchcock.

McNeil, M,. & Chabassol, D. J. (1984). Paternal involvement in the programs of hearing-impaired children: An exploratory study. Family Relations, 33, 119-125.

Meadow, K. (1968). Early manual communication in relation to the deaf child's intellectual, social, and communicative functioning. American Annals of the Deaf, 113 (1), 29-41.

Meadow, K. (1980). Deafness and child development. Berkeley, California: University of California Press.

Meadow, K. (1982). Socialization theories: Implications for research with deaf children. In Conference Sociology of Deafness (1982: Gallaudet College). Social Aspects of Deafness (pp. 20-73). Washington, D. C.: Gallaudet College Vol. I.

Mindel, E. D. (1973). Just like "real" people. In D. Watson (Ed.), Readings on deafness (pp. 5-13). New York: Deafness Research and training Center, New York University School of Education.

Mindel, E. D., & Vernon, M. (1981). They grow in silence: The deaf child and his family (7th ed.). Silver Spring, Maryland: National Association of the Deaf.

Montgomery, G. W. (1966). Relationship of oral skills to manual communication in profoundly deaf students. American Annals of the Deaf, 111, 557-565.

Moores, D. (1982). Educating the deaf: Psychology, principles, and practices (2nd ed.). Boston: Houghton Mifflin Company.

Myklebust, H. R. (1950). Your deaf child: A guide for parents. Springfield, Illinois: Charles C. Thomas Publisher.

Olson, D. H., Sprenkle, D. H., & Russell, C. S. (1979). Circumplex model of marital and family systems: I. Cohesion and adaptability dimensions, family types, and clinical applications. Family Process, 18, 3-28.

Preisler, G. (1984). Deaf children in communication: A study of communicative strategies used by deaf children in social interactions. International Journal of Rehabilitation Research, 7, 450-452.

Proctor, A. (1983). Early home intervention for hearing-impaired infants and their parents. The Volta Review, 85, 150-156.

Quigley, S. P. (1964). The influence of finger spelling on the development of language, communication, and education achievement of children. In Proceedings of the 42nd Meeting of the Convention of American Instructors of the Deaf (pp. 428-438). Flint, Michigan.

Quigley, S. P. & Frisina, D. (1961). Institutionalized and psychoeducational development in deaf children. Council for Exceptional Children Research Monograph, Series A, no. 3.

Schein, J. D. (1984). Speaking the language of sign: The art and science of signing. Garden City, New York: Doubleday & Company, Inc.

Schlesinger, H. S. (1978). The acquisition of bimodal language. In I. M. Schlesinger & L. Namir (Eds.), Sign Language of the Deaf: Psychological, linguistic, and sociological perspectives (pp. 57-93). New York: Academic Press.

Sigler, L. P. (1976, January). That deaf child and you: A forensic approach to the problems of hearing and speech. Text of remarks delivered at the Third Annual Emil Froeschels Conference, Pace University, New York.

Silverman, S. R. (1970). From Aristotle to Bell-and beyond (3rd ed.). In H. Davis & S. R. Silverman (eds.), Hearing and deafness (pp. 375-383). New York: Holt, Rinehart and Winston.

Slobin, D. I. (1979). Psycholinguistics (2nd ed.). Glenview, Illinois: Scott, Foresman and Company.

Snow, C. (1977). The development of conversation between mothers and babies. Journal of Child Language, 4, 1-22.

Stevenson, E. A. (1964). A study of the educational achievement of deaf children of deaf parents. Berkeley, California: California School for the Deaf.

Stuckless, E. R., & Birch, J. W. (1966). The influence of early manual communication on the linguistic development of deaf children. American Annals of the Deaf, 111, 452-462.

Vernon, M., & Koh, S. D. (1970). Effects of early manual communication on achievement of deaf children. American Annals of the Deaf, 115, 527-536.